

RECEIVED  
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S.D. OF N.Y.

**UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK**

Xuejie He

Write the full name of each plaintiff.

-against-

Office of the New York City Comptroller

**18CV7806**

CV

(include case number if one has been assigned)

**COMPLAINT**

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore not contain: an individual's full social security number or full birth date; the full name of a person known to be a minor, or a complete financial account number. A filing may include only: the last four digits of a social security number, the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

## I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same state as any plaintiff.

What is the basis for federal court jurisdiction in your case?

☒ **Federal Question**

☒ **Diversity of Citizenship**

### A. If you checked Federal Question

which of your federal constitutional or federal statutory rights have been violated?

discrimination and civil rights have been violated

### B. If you checked Diversity of Citizenship

#### 1. Citizenship of the parties

of what State is each party a citizen?

The plaintiff, Xuejie He, is a citizen of the State of  
Plaintiffs name

China  
(State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of

China

If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:

The defendant, \_\_\_\_\_ is a citizen of the State of \_\_\_\_\_  
(Defendant's name)

\_\_\_\_\_  
or, if not lawfully admitted for permanent residence in the United States, a citizen or  
subject of the foreign state of \_\_\_\_\_

\_\_\_\_\_  
If the defendant is an corporation:

The defendant, Office of the New York City Comptroller is incorporated under the laws of  
the State of New York

and has its principal place of business in the State of New York

or is incorporated under the laws of (foreign state) New York

and has its principal place of business in New York

If more than one defendant is named in the complaint, attach additional pages providing  
information for each additional defendant.

## II. PARTIES

### A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional  
pages if needed.

<u>Xuejie</u>	<u>He</u>	
First Name	Middle Initial	Last Name
<u>40Ann Street</u>		
Street Address		
<u>New</u>	<u>New York</u>	<u>10038</u>
County, City	State	Zip Cod
<u>347-268-9418</u>	<u>AiAihh@126.com</u>	
Telephone Number	Email Address (if available)	

**B . Defendant Information**

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1: Office of the New York City Comptroller

First Name

Last Name

Current Job Title (or other identifying information)

1 Center Street

Current work Address (or other address where defendant may be served)

New York

New York

10007-2341

County, City

State

Zip Code

Defendant 2:

First Name

Last Name

Current Job Title (or other identifying information)

Current work Address (or other address where defendant may be served)

County, City

State

Zip Code

### III. STATEMENT OF CLAIM

Place(s) of occurrence : 1 Center Street New York, NY 10007

Date(s) of occurrence: June 22 2018

#### FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

On the evening of June 21, the last day of the application for claim registration. I am trying to submit an electronic claim for life damage that has been completed to the Office of the New York City Comptroller website. I slipped and fell on the frozen sidewalk on March 23, 2018, with a comminuted fracture of the wrist and a concussion. But the eClaim system cannot be filed due to a technical failure.

At about 9:40 am on the morning of June 22, after I reached the Office of the New York City Comptroller and two male clerk to explain my personal situation, a clerk confirmed the technical failure of the eClaim system. Later, another clerk gave me a personal delivery form. They asked me to complete the form immediately and assured me that I would explain my special situation to the relevant department.

I completed the manual form submission at 2:22pm. The clerk told me that when I got the case number (about two weeks), I will bring my relevant information to file here again.

On July 3, I received a feedback on the failure of the application, which was due to overdue application.

Due to office discrimination and civil rights violations, I was unable to obtain the claims I deserved.

#### INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Parkinson's disease caused by concussion, seeing neurologists or dyskinesia specialists, wrist , cervical, lumbar physical therapy, wrist cosmetic surgery,

#### IV. RELIEF:

State briefly what money damages or other relief you want the court to order.

The total compensation for damages is \$58,008,456.

1. Medical treatment: \$3,717,000

2. Loss of wages, salaries of nursing staff, and wages of working assistants : \$10,785,114

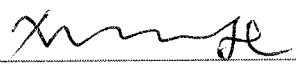
3. Pain and pain, loss of enjoyment of life, spiritual suffering compensation: \$43,506,342

## V. PLAINTIFF S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

August 24 2018   
Dated Plaintiff's signature

Xuejie He  
First Name Middle Initial Last Name

40Ann Street  
Street Address

New New York 10038  
County, City State Zip Cod

347-268-9418 AiAihh@126.com  
Telephone Number Email Address (if available)

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☐ Yes ☒ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.